(bj what are the reasons for not matins progress in respect oi their registration, formation of Homoeopa-tmc Fnarr.iacy Council, prescriued 1 syllabus for homoeopaLhic pharmacists for their education, opening of Government/Registered institutions of ..paihic pharmacists; and

(c) the reaction of Government in formation of a separate Pharmacy Council of System?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDH.URY): (a) to (c) The matter is under consideration.

Eradication of Polio

2550. SHRI KRISHNA KUMAR BIRLA;

SHRIMATI JAYANTI PATNAJK:

Will the PRIME MINISTER be pleased to state:

(a) whether Government's afforts during the past few years to eradicate Polio in the country have borne results;

(b) if so, the details thereof;

(c) whether the targets fixed 10 eradicate Polio have been achieved;

<dl if not. the reasons therefor; and '

(ej the fresh efforts Government propose tc make to eradicate Polio in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURYV (a. Yes. Sir.

(b) The number of reported poli" have-declined from 28257 in 1987 to I0W in 1991V

cj to (e) It *it* tar«eted to reach zero polio incidence bv the yeai 2000. The Government has been launching PPI from 1995-96 with the objective of eradicating poliomyelitis. Simultaneously the routine polio immunization programme is also going on everywhere.

कुष्ठ रोगियों का पुनर्वास

2551. **श्री शमशेर सिंह सुरजेवाला :**
श्री अजीत जोगी :

क्या प्रधान मंत्री 11 मार्च, 1997 को राज्य सभा में अतारांकित प्रश्न 1742 के दिए गए उत्तर को देखेंगे और यह बताने की कृपा करेंगे कि :

(क) क्या सरकार ने देश में कुष्ठ रोगियों के पुनर्वास के लिए कोई कार्य-योजना तैयार की है ;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है ;

(ग) क्या देश में राष्ट्रीय कुष्ठ उन्मूलन कार्यक्रम को प्रभावी ढंग से क्रियान्वित किया गया है ; और

(घ) गत वर्ष के दौरान, राष्ट्रीय कुष्ठ उन्मूलन कार्यक्रम की उपलब्धियों का ब्यौरा क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी) : (क) और (ख) कल्याण मंत्रालय के पास कुष्ठ से ठीक हुए लोगों के पुनर्वास के लिए स्वैच्छिक संगठनों को सहायता प्रदान करने की योजना है जिसके अन्तर्गत निम्न-लिखित उद्देश्यों के लिए कुष्ठ से ठीक हुए रोगियों के पुनर्वास के लिए 90 प्रतिशत की सीमा तक धनराशि प्रदान की जाती है :—

(i) जागरूकता पैदा करना
(ii) शुरुआत में ही उपचार
(iii) शिक्षा एवं व्यावसायिक प्रशिक्षण
(iv) सामाजिक पुनर्वास

(v) सामाजिक एकीकरण

(vi) समुदाय आधारित पुनर्वास ।

(ग) और (घ) राष्ट्रीय कुष्ठ उन्मूलन कार्यक्रम बहुत प्रभावी रूप से कार्यान्वित किया गया है जिससे व्यापकता 1981 में 57/10,000 से घट, 1 97 में 5.8/10,000 तक हो गई है ।

गत वर्ष के दौरान कार्यक्रम के अन्तर्गत हुई उपलब्धियां नीचे दी गई है :—

	लक्ष्य	उपलब्धि
रोगी पता लगाना	218240	465091
रोगी का उपचार	218240	460371
रोगी को छट्टी देना	424700	493103

ICMR Report on Dengue

552. SHRI VLDPRAKASH P. GOYAL:

SHRI YERRA NARAYANA-SWAMY;

Will ihe PRIME MINISTER be pleased to state:

fa) whether Government are aware iha< the new dengue d.sease paradigm has secured a firm foothold in India, as pan per report in ICMR bulletin of lauuary. 1997;

(b) if so, what are the various types of dangue;

(cj what are the various reasons for it* spread in the country; and

(d) in what manner Government propose ti< wipe out this disease from the countiv?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARF (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Dengue has been endmk in India since long. Thar* are aaoy types of Dtagu* like undifferentiated dengue fever, Dengue Haemorrhagic Fever (DHF) and Haemorrhagic Fever with shock syndrome (DSS).

(c) The reasons for spread of Dengue in the country can be attributed to:

— Major demographic changes like uncontrolled urbanisation coupled with excessive population growth;

— Sub-standard housing and inadequate water and waste disposal system;

— Repid movement of infected humans;

— Creation of mosquitogenic conditions through stagnation of water in water containers, coolers, cisterns, unused tyres, flower vases, pots etc.

(d) An Action Plan for prevention and control of Dengue and Guidzlines for preparation of a Contingency P'an for tackling possible outbreaks of Dengue have been prepared and circulated to all the State Government for undertaking the following measures:—

—Intensification of surveillance activities;

—Vector Con'rol measure?;

—Strengthening of Hospital Ser. vices for proper management of Cases.

—Intensification of Information, Education and Communication acti' vities;

—Cource reduction;

—Organisation of Training Programmes', and

— Mass awareness Campaign by Ihe local body.